SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X				
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery				
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
NATIONAL UNION FIRE INS CO 175 WATER ST	ACCIONA NO				
NEW YORK NY 10038	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
PB 10/7/2013 30370120	4. Restricted Delivery? (Extra Fee) ☐ Yes				
	570 0000 4801 5440				
PS Form 3811, February 2004 Domestic Return Receipt 102595-					

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PB 10/7/	2013		370		
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Return Receipt Fee Endorsement Required)			mo37	078	0
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Total Post

Sent To NATIONAL UNION FIRE INS CO 175 WATER ST Street, Apt. or PO Box N NEW YORK NY 10038

PS Form 3800, June 2002

See Reverse for Instructions